STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATI plnous Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How Long in U.S. if of foreign birth? Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Yaar) BINDING 5a. If married, widows , or divorced HUSBAND of ERTIFY That I Attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than to have occurred on the date stated above 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8 Trade, profession, or particular OCCUPATION RESERVED kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. Jo may back 9. Industry or business in which work was done, as SILK MILI should SAW MILL, BANK, atc 10. Data deceased last worked at 11. Total time (years) this occupation (month and 2 spant In this that occupation _____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) ARGIN (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully Was there an autopsy?... MOTHER 15. MAIDEN NAME important. 23. If death was dua to external causes (VIOL ENCE) fill in elso the following: in DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods very OF (Address) 50 18. BURIAL, CREMATION, OR REMOVAL CAUSE LION 19. UNDERTAKER (Address) Registrar. (Address) 1644 Tak

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-137
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epicos	1 week ago
Chronic interstitial nephritis	1931	Run (ver by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Periton	3 days ago
		4 193	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterius	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	434
1. PLACE OF DEATH	O WYTHIN CONFORATE LIMITER OF	1
County County Clrudy	Registration Dist. No.	21
Village or City Cleur of Village (1	No. Mer Glucy Amfaliates, if death occurred in a hospital or institution, give its NAME instead of street and no	Ward wmber)
Length of residence in city or town where death occurredrsme		
2. FULL NAME Udolf, R. Hack	has Backhas	1
(a) Residence: No. 3 2 5 S Eurrow	St., Ward. Dallewing Mr.	4 V
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S	State
3. SEX / 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white married word)	(Month) 26 (Day)	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Backhas	1 HEREBY CERTIFY, That Lattanded d	leceased from
6. DATE OF BIRTH (month, day, and year) hor. 1895	Wast saw Men alive on July 25 1931	death is said
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 10 7 m.	, 000111110 3010
39 3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, Butcher SAWYER, BDDKKEEPER, etc.	Bronchial Lymnia	Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Belatural following)	7-7-7
10. Date deceased last worked at this occupation (month and year)	at parity c	
12. BIRTHPLACE (city or town) Jumany'	Other Contributory Causes of importanca:	
(Stata or country)		
14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Data of	
(State or country)	What test confirmed diagnosis? Was thera an au	utopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT MAS. Summa	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAI) CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Longan Vank Date July 29, 1935	Nature of injury	·
19. UNDERTAKER Starge L. Johnson	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED 7 2 6 19 3 5 Muriphy.	if so, specify (Signed) Learge Day	M. D.
If more blanks are needed, address State Revisirer	(Address) full flower Requestion 9) S No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY PHYSICIAN Mellony of name
su form filed under	Basil, 11-12-35

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 1921 Run over by street car 1 w	Example I		-	Example II		
Chronic interstitial nephritis 1921 Run over by street car 1 w Cerebral hemorrhage BUREAU V July 5, 1927 Peritonitis 3 de	e principal cause of death and related comportance were as follows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Cerebral hemorrhage BUREAU V. July 5,1927 Perilonitis 3 de	eriosclerosis AIIC A	149	1915	Attack of epilepsy	1 week ago	
Surgo, Loral Lemontus Sur	onic interstitial nephritis		1921	Run over by street car	1 week ago	
	ebral hemorrhage	U V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Other contributory causes of importance:	To recognize the district of the control of the con					
	ner contributory causes of importance:			Other contributory causes of importance:	PLEASE !	
Gallstones May 1,1923 Gastroenteritis 1	Istones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

07352		0	7	3	S	2
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1. PLACE	OF DEATH			(23)
County	Anne Arunde	1		Registration Dist. No. 2I
Village or Length of re	CityFree too	re death occurred	Glen Bur 16 46 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL N	AME.JamesA	Pallyer	2	
	ence: Nosame			St., Ward. If nonresident give city or lown and State
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH July 25th (Month) (Day) (Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY. That I attended deceased from July 18th 1935 to July 25th 1935
6 DATE OF RIPTI	H (month, day, and year)	?	1889	last saw h_im_alive on
7. AGE	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _6pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Pulmonary tuberculosis Date of onset 1934
10. Date dece this oc year)	was done, es SILK MILL, AILL, BANK, etc	S 0	I time (years) pant in this crupation	Other Contributory Canses of importance:
13. NAME	Travers Bo	nuver		
(State	ACE (city or town) or country)	Md		Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?
16. BIRTHPLA	NAME Tane Greater Country)			23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(Address)	WM H.	Bouver Solley,	lid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
Place	Magothy	Date	7-28 ,19 3F	
19. UNDERTAKER (Address) 20. FILED	Jes. Ha	Balt.	O; Md B Lest Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-I VED	1	Example II	3
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Sima Creudil	Registration Dist. No. 23
Village or City Cedar Neil (IN Brookly)	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Carroll Bra	1111 001/14/
(a) Residence: No. amapalis Block (Cedar) Itil	k St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of Population of State Orland	22. I HEREBY CERTIFY, Thet I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) March 20, 1920	I last saw h; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 3.00 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade profession or particular	automobile accident
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this corruption (month end the control of	
O 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) is anythin augral's Bluth (State or country) Narovalyn	Other Contributory Causes of importance: Pronounced dead by Drongman and by
13. NAME Edward Carrell, Brannoch In	Balto. De Pronomica Fractured Skall Home Instruction
13. NAME Paward Carroll Brannoch IV 14. BIRTHPLACE (city or town) Made an	Name of operation
(State or country) RONCHARLY Co. MY	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & MANUE & Dommers 16. BIRTHPLACE (city or town) J. W. W. D. Dt. Balto . Co.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
[State or country]	Accident, suicide, or homicide? Accident. Date of injury July 6., 1935. Where did injury occur? Cedan Hill-amapales Blow
Plurand Oden and	Where did injury occur? Clary Hull-amabales Polyst (Specify city or telvin, county and State) Specify whether injury occurred In-INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CLAMATICAN PROPERTY NA.	Public Highway
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck luffautomobile) Sefrdeg
Place Lag July Date July 9, 1920	Nature of injury tractured Skull Compound Tracture
19. UNDERTAKER homas D. Jungleton	24. Was disease or injury in any way related to occupation of deceased?
20. FILED valy 9th, 1935 M. R. De alba. Registrar.	(Signed). Vi O. Webster Caroner, M. D. (Address) Lintheum High mo
14 14	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example EIVED		Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis Arteriosclerosis	S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

infor-OCCUPA-1. PLACE OF DEATH Annea Arundel of plnods item County Home. South Ri Village or City_ Jo Every PHYSICIANS Langth of residence in city or town where death occurred__ statement 2. FULL NAME GEORGE L. BRANZELL (a) Residence: No. 210 Chesapeake Ave. CORD. Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE PERMANENT male white CTL classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V × certificate. 6. DATE OF BIRTH (month, dey, and year) properly 7. AGE Months Yaers stated about 81 unknown 8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. waterman-fishe INK-THIS OCCUPATION Jo Industry or business in which
work was done, as SILK MILL, and crabbed.
SAW MILL, BANK, etc... plnods it may See instructions on back 10. Data daceased last worked at this occupation (month and so that Annapolis. 12. BIRTIIPLACE (city or town). (State or country) Maryland supplied. CAUSE OF DEATH in plain terms, FATHER George L. 13. NAME 14. BIRTHPLACE (city or town) A. A. CO. WITH (State or country) mation should be carefully MOTHER very important. unknown 15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) ... (State or country) William T. Branzell, 17. INFORMANT Eastport. Maryland. (Addrass) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Annapolis, Md. Date July 12 MOIL Taylor John M. 19. UNDERTAKER Annapolisa Marvl (Address) m

L OI MAIN	- LAND	8E	OI DEA!		
undel			Registration Di	ist. No. 21	_
y Home, Son	O (If	f death occurred in a hospital or institut	tion, give its NAME i f forelgn birth?		
E L. BRANZ Chesapeake (Usual place		St. Ward.	lf nonresident gi	ve city or town a	and State
TISTICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	July (Month)	10 (Day)	, 193 5 (Year)
		22. Chrillist PY	CERTIFY	That I attend	ed deceased from
about 18	If LESS than 1 dey,hrs.	I last saw h Lean alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT	/	4-m.	; death is said
nown ^{ier,} waterman	-fished	were a follows:	Leen	عر مرد	Date of onset
, and crabb					1
11. Total t	ime (yaars) nt in this upation				
apolis. Mo	©	Other Carriatory Causes of impo	arter	to for	
Branzell,		years from	Siplon;	0	
A. Co., Maryland		Rama of operation What test confirmed diegnosis?		Date of	
unknown		23. If death was due to external cau	ises (VIOLENCE) fill i	in also the follow	/ing:
unknown		Accident, suicida, or homicide?	Da	ate of injury	, 19
T. Branze		Where did Injury occur? Spacify whathar Injury occurred in	(Specify city or to n INDUSTRY, In HOM		
Md. Date Jul	y 12 ₁₉ 35	Manner of injury Natura of injury			
Taylor,	d .	24. Was disease or injury in any w	vay related to occupat	ion of deceased?.	no
s Marylan	Registrar.	(Signad) (Address)	limero	Algra	M. D
If more blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Re	equesting V. S. No. 1	. 🗸	

V. S. No. 1

BINDING

FOR

MARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AUG 6 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	-CERTIFICATE OF DEATH (1.355)
	(210-m)
County	Registration Dist. No.
Village or City Halesburg	NoSt., War
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Seorgianna Dr.	run_
(a) Residence: No. Salerburg	St., Ward.
(Usual place of about)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I'm, chaid married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEBEBY CERTIFY, That I attended deceased from
(or) WIFE of Sonfamine Grown.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Abs. 6. 1890	I last saw h alive on ; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 3.3
45 9 2/ 1day,hrs	word as fallows:
8. Trade, profession, or particular	Fracture of skule Date of onse
sawyer, BOOKKEEPER, etc. Mudwife	
kind of work done, as SPINNER, MISSINGER, SAWYER, BOOKKEEPER, etc 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Instant death)
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation	
10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	tibin and Ribule Plea about amputated
13. NAME Jelem Dreed	below (est Kule) Demomese
14. BIRTHPLACE (city or town)	Name of operation rome Date of Norce
(State or country) Calvert Co-	What test confirmed diagnosis?
15. MAIDEN NAME Whialett. Twens	23. If death was due to external causes (VIO) ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Assisted Date of injury 19 35
State or country) Calvert	Where did Injury occur? Waterbrung, Mary land
17. INFORMANT Selinton Brown	(Specify city or town, county and State) Specify whether injury of current in INDUSTRY in HOME OUT PUBLIC PLACE ()
(Address) // S/ MC as erest Palting no	Sculrals Highway in front of Heckory tilling
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury Hit by autobackile. Frotes
Place Malshung - Data July 11 ,1930	Nature of injury Traumatie
19. UNDERTAKER TO THE STATE OF	24. Was disease or injury in any way related to occupation of deceased? ZCO
(Address) Christish Jan	If so, specify
20. FILED 7 // 1935 What	(Signed) Folia 11. Lafter, M.
Registrar.	(Address) Lacebrill Midi
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimoze, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE	EOD	PHOTHED	STATEMENTS	1037	DIEVOTOTANT
ADDITIONAL	STACE	LOI	FURTHER	STATEMENTS	BI	PHISICIAN

-WRITE

V. S. No. 1

19. UNDERTAKER

(Address)

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07386
1. PLACE OF DEATH	(22)
County Ly . G. La.	Registration Dist. No.
Village or City Forthout: Md.	No. St. Ward
(lí	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lichard W Busq	If U.S. Veteran specify WAR
(a) Residence: No. 163 Gloucestay	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Cot, single	(Month) (Day) (Year)
5a/If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	19
6. DATE OF BIRTH (month, day, and year) and 25-1923	I last sew h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
12 3 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
2 Trade profession or particular	Date of onset
No. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The transfer of the transfer o
9. Industry or business in which work was done as SI K Mil f	accidental drowning.
work wes done, as SILK MILL, SAW MILL, BANK, etc	This Loy wort in swomming, s. sud
10. Date deceased lest worked at this occupation (month and spent in this	was drouned. Cwert
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 2001	
(State or country) m.d.	a foots was not involved.
14. BIRTYPLACE (city or town) Consults of the	
14. BIRTYPLACE (city or town) Consepoles.	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
# 15. MAIDEN NAME Taura Smooth	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) was point	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Elle Burges	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 6.3 (Creeds text) 18. BURIAL, CREMATION, OR REMOVAL.	
Place July July Date Luch 30 1935	Manner of injury
race, 19	Nature of Injury

Regi If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

24. Was disease or injury in any way releted to occupation of deceased?____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	- 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 135	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 1801			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE

m ż properly classified.

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

U	4	2	0	7	
U	ò	U	0	6	

1. PLACE OF	DEATH			(100)		
County	anne	an	nudal	Re	gistration Dist. No. 21	
Village or Ci	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		()f	No		
Length of resid	dence in city or town where	jeath occurred	yrsmos	ds. How long in U.S. if of foreig	n birth?yrsmos	sds.
2. FULL NAI	ME Trace	L. Car	man	If U.S. Yeteran specify WAF	, MO	
(a) Residence	ce: No. 3203	abres	aur	-st., Ward Balto.	nd.	
		(Usual place	***************************************		nonresident give city or town and S	State
	AL AND STATIST				FICATE OF DEATH	
Trinale	4. COLOR OR RACE		RRIED, WIDOWED; ED (write the word)	21. DATE OF DEATH	1312 nth) (Day)	193 (Year)
5a. If married, widow MUSBAND of (or) WIFE of	Lawrence	Can	nan		ERTIFY, That I attended d	
& DATE OF RIDTH (month, day, and year)	an 16	£ 1892	l last saw h alive on		
7. AGE Year	,,,,,	Days	If LESS than	to have occurred on the date stated above	77,	
43		27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and	related causes of importance	
_ 8. Trade, profes	sion, or particular	/) 01IIIII.	were astollows:	drowning	Date of enset
kind of w	ork done, as SPINNER, BOOKKEEPER, etc	House	rwife	a boat was not	al ad	
9 Industry or	business in which	01	2.1	700	O. O.	
ON WHILE	done, as SILK MILL, L, BANK, etc	ar	House		- 200 100 100 100 100 100 100 100 100 100	
O this occur	ed last worked at pation (month and	spa	time (years) ent in this 2 supation			
	-Bal	4		Other Contributory Causes of importance:		
12. BIRTHPLACE (cit	,	10		2 A		
	- Para a	2/				
13. NAME 14. BIRTHPLACE	June	2 al				
4 14. BIRTHPLACE	' '	Julto	- Ou A	Name of operation	Date of	
(State of	country)	201 0	na.	What test confirmed diagnosis?	Was there an at	utopsy?
15. MAIOEN NAI	ME John A	cherly	er	23. If death was due to external causes (VI	OLENCE) fill in also the following:	
15. MAIOEN NAI	(city or town)	Balto		Accident, suicide, or homicide?	Date of Injury	, 19
∑ (State or	country)		ned	Where did injury occur?	16 1	
17. INFORMANT (Address)	Lawrence 3203 G	Ebrill a	can pelto	Specify whether injury occurred in INDU	ecify city or town, county and State STRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMAT	ION, OR REMOVAL	Date Toly	16 d 1935	Manner of injury		
	Zpen O	K				
19. UNDERTAKER (Address)	1217	St Pau	1 54	24. Was disease or injury in any way rela	teu to occupation of deceased?	
(Address)	13131-	7 6	127.	If so, specify	. W lest	44 5
20. FILED.	C , 19 60 /	1.4.8	our.	(Signed) (Address)	raclessa	nul
			Registrar.	(Addless)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago
	1 week ago
Davis and by almost and	
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
23 Gastroenteritis	1 year
	Other contributory causes of importance:

V. S. No. 1

1. PLACE

ST	ATE OF MARYLAND—CER	RTIFICATE OF DEA	TH 07388
OF DEATH		(83)	,
Ann	e Arundel	Registration D	ist. No. 2/
or City	Crownsville State Hospit	1	St Ward
	(If death or	curred in a hospital or institution, give its NAME	instead of street and number)
f rasidence In city o	or town where death occurredyrs2mos10_	ds. How long in U.S. if of foreign birth?	yrsds.
NAME	Moses Cooper		
idence: No	Baltimore City, Mary St (Usual place of abode)	nd Ward. If nonresident g	ve city or town and State

County	Anne Aru	ndel		Registration Dist. No.	
Village or	city Crown	sville	State Hos	pitnelst.,	Ward
			(I	f death occurred in a hospital or institution, give its NAME instead of street and number	er)
Length of ra	asidence In city or town where	death occurred	yrs,£mos	s10ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL N	AME MO	ses Coo	per		
(a) Resid	ence: No. Ba	ltimore	City Ma	ry Stand Ward. If nonresident give city or town and State	
				The state of the s	
	NAL AND STATIST	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word) WEQ	21. DATE OF DEATH July 31st (Month) (Day)	5 Year)
5a. If married, wid HUSBAND of	owed, or divorced				
(or) WIFE of	Unknown			22. HEREBY CERTIFY, That I attended decea	
				May 21st ,1935, to July 31st ,1	
	H (month, day, and year)	1884	1	I last saw him alive on July 21st ,19 25 dea	th Is said
7. AGE Y	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 122m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-		khown	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	e of onset
8. Trade, pro	fession, or particular f work dona, as SPINNER,	Labor	ar	General Paralysis of the Insane	
SAWY	ER, BOOKKEEPER, etc r business in which	De cor	C.T.		
Q work v	vas done, as SILK MILL, IILL, BANK, atc				
U 10. Date dece	ased last worked at	11. Total	time (years)		
	cupation (month and	sp	ent in this		
	(city or town)	n al and		Other Coatributory Causes of Importance:	0
(State or co		***********		Syphilis	<i>§</i>
≅ 13. NAME	Irvine C	ooper			
I		Marylan	à		
	CE (city or town)	TIOT A TOIL		Name of operation Date of	
	NAME Milkey G	rean		What test confirmed diagnosis? Was there an autops	<u>y?</u>
I			a	23. If death was due to external causes (VIOLENCE) fill in also the following:	II.
O 16. BIRTHPLA	CE (city or town)or country)	Merlisi	.u	Accident, suicide, or homicide? Date of Injury,	19
1 (State		a fire a		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT				Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address)	ATION, OR REMOVAL	Ville,	Maryland	Manner of Injury	
Parta / O		, Data 8/U	- 1035		
1,900,7222	200111		. 2.61	Nature of injury.	
19. UNDERTAKER	DE K. F. W.	were	a out	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	- La Hora	rousy	0	if so, specify	
20. FILED 10	/ 50, 19.	2.7.	Jones	(Signed) MATA	M. D.
	/	10	Registrar.	(Address) Crownsville	ā

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OCCUPA-

Jo

should

BINDING FOR RESERVED ARGIN

S. No.

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrites F. C. F. IV. F. D.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of Reportance. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN
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E	OF	DEATH	07390

1. PLACE	E OF DEAT	гн			23		
County	Anne	Arunde	1		Registration Dist. No. 2		
				State Hos (IF 1 yrs, 2 mos	St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 12 ds. How long in U.S. if of foreign birth?		
2. FULL	NAME	Tho	mas Dav	19			
	sidence: No				JSt,nd Ward. If nonresident give city or town and State		
PERS	SONAL AN		ICAL PARTI		MEDICAL CERTIFICATE OF DEATH		
3. SEX male		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 28th (Month) (Day) (Year)		
5a. If married, HUSBANI (or) WIFE		orced = = =			22. I HEREBY CERTIFY. That I attended deceased from May 15th 1934, to July 28th 1935.		
6. DATE OF B	IRTH (month, da	y, and year)	1918		I last saw h_im_alive on_July 28th, 19_35; death is said		
7. AGE	Years	Months Unk	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et \$\frac{2}{3} \frac{50P}{DP} m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, kir SA		es SPINNER, EPER, etc	Pupi	1	Pulmonary tuberculosis 7 Mo		
	ry or business in trk was done, as a W MILL, BANK, deceased last wo			ime (years)			
ye	s occupation (mo	nth end	T 003	entin this upation	Other Contributory Canses of Importance:		
	.CE (city or town) or country)		.t. R #AY				
₩ 13. NAME	Thom	as Davi	9				
	PLACE (city or t tate or country)	own)M	eryland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
₩ 15. MAID	EN NAME	Incv (Unknown	1 11 11 11 11 11 11 11 11 11 11 11 11 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
	PLACE (city or tate or country)	own)LER			Accident, suicide, or homicide?		
17. INFORMAN			Record		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURHAT, C	REMATION OR	REMOVAL Equil	Spate 7/3	0 ,1935	Manner of injury		
19. UNDERTAI	2 2 0	ole pt	untero y	e Outh	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed M. D. M. D.		
ZU. FILED	44.0.2	13		Registrar.	(Address) Crownsville, Muryland		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915-	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	TO TO T	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MECE	July 5,1927	Peritonitis	3 days ago
	Mie (1005		
Other contributory causes of impo	ortance: IREA	U V. 5	Other contributory causes of importance:	
Gallstones		May 1,1923	and the second s	1 year
		<u> </u>		

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH		1,17,11		213.2	
1	County Anne As	rund.e	1			
1						
	Through or only	نيقها للرنب عيبا	4: hate do u u u u u u u	(If	ND. St., St., Geath occurred in a horpital or institution, give its NAME instead of street and number	r)
	Length of residence in city or town	where death	occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME Thoma	as Je	ffers	in Dicus	If U.S. Veteran specify WAR	
	(a) Residence: No. Glen	Burn			St., Ward.	
p=1000			(Usual place		If nonresident give city or town and State	
	PERSONAL AND STAT				MEDICAL CERTIFICATE OF DEATH	
3. 3	SEX 4. COLOR OR RAC			RIED, WIDOWED, (write the word)	21. DATE OF DEATH	5
	male white		Sin	ale		Year)
5a.	If merried, widowed, or divorced HUSBAND of				22. I HEREBY CERTIFY, That I ettended decea	and from
	(or) WIFE of					
6 1	DATE OF BIRTH (month, day, end year)	TFOR	ch 2T	. T92T	1 lest saw h alive on dea	
	AGE Years Mont		Days	If LESS than	to have occurred on the date stated above, et _ 4 m.	
	T4 3		2.8	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
	8 Trade profession or particular			ormin.	were as follows: Accidental drowning: a boot	e of onset
OCCUPATION	kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R,	dant		was involved. Decorded fell form bout	
AT	9. Industry or business in which work was done, as SILK MILL,		£6617.0		into the water . Curson	
3	SAW MILL, BANK, etc.		,			
00	IO. Date deceased last worked et this occupation (month and			it in this		
-	yeer)		0078	pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)A	1Co	•			
	(State or country)		Md.			
HER	13. NAME Victor E.	Dic	118			
FATHER	14. BIRTHPLACE (city or town)				Name of operation Dete of	
-	(State or country)		1/d		What test confirmed diagnosis? Was there an au'ops	y?no
1ER	15. MAIDEN NAME Saral	1 Bel	1		23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or town) (Stete or country)				Accident, suicide, or homicide?	19
Σ	(Stete or country)		Md.		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Sara Di	cus			Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
	(Address) Clan Bur					
18.	BURIAL, CREMATION, OR REMOVAL	m 0 20	n_0	0 35	Menner of Injury	
	Place Baldwin Mer	MR.K.e.D	ate	, 19: '*'	Neture of Injury	
19.	UNDERTAKER	Dar	3337		24. Was disease or injury in any wey related to occupation of deceased? NO	
	(Address)	Pa 1	to	<i>id</i> .	If so, specify	
20	FILED 7-18 19 35	7.	le · a	3 reio	(Signed) A- 4. (Signed)	M. D.
20.	, 13			Registrar.	(Ardress) / While . Mil	•

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Arteriosclerosis 110 a 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhade BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 200	35		
Other contributory causes of importance: EAU	V. S.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed address State

	A	
	Registration Dist. No	7
	No. St., death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth?yrsmax	
mos.	ds. How long in U.S. if of foreign birth?yrsmc	/Sus.
200	eg-	
	St., Ward.	
	If nonresident give city or town and	State
S	MEDICAL CERTIFICATE OF DEATH	
OWED,	21. DATE OF DEATH ()	
word)	Month) (Day)	, 193
-	(Month) (Day)	(Year)
	22. I HEREBY CERTIFY, That I attended	deceased from
25		; death is said
S than	to have occurred on the dete stated above, at . 7 On 2012	,
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
min.	were as follows:	Date of onset
	Leule Enteretes	
	your enterities	
	Other Contributory Causes of importance:	
ilson		
	Name of operation Date of	
	Whet test confirmed diagnosis? Was there an a	-
7m		
- 11LA	23. If death was due to external causes (VIOLENCE) fill in elso the following	
A	Accident, suicide, or homicide? Date of injury	, 19
1	Where did injury occur?(Specify city or town, county and Stat	•)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	Manner of injury	
, 1930	Nature of injury	
_		
	24. Was disease or injury in any way related to occupation of deceased?	10
	If so, specify lines to	ug g
	(Signed) auting coroner	(/_ M. B.
gistrar.	" (Address) annapoles mal	
Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis 1025	1921	Run over by street car	1 week ago
Cerebral hemorrhage NIG 6	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
forauthornation of parents name	
me birth cestill, It.	

1. PLACE OF DEATH

state infor-

E OF MARYLAND—	CERTIFICATE OF DEATH 07395
A annapoli	212-D Paristration Dist. No. 9
	Registration Dist. No.
Mills (If	death occurred in Chospital or institution, give its NAME instead of street and number)
where death occurred mos.	ds. How long in ds. if of foreign birth?yrsmosds.
han O'Casi	n
Lottion	St., Ward. Aller
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
TISTICAL PARTICULARS CE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Frey 5 1935
a songe	(Month) (Day) (Yeer)
me	22. I HEREBY CERTIFY, Thet i attended deceased from
0 1000	, 19, 19, 19
Ame 18 1730	I lest saw h elive on 19 deeth is said
nths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et / W m / m / The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
ER, none	Lund agray woo hard wag one
	Il do thrown out; for ling pentured by a baker oil
•,	Cased by fractured
11. Total time (years) spent in this	12 1 14 D
oc:upation	Other Contributory Causes of importance:
- My an	
1. 50 - 1	
Les Cassin	
A STEELEN	Neme of operation
Pisa Baixe	What test confirmed diagnosis?
Phila Pa	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Accident. Date of injury
C-Mario a.	Where did injury occur?
2 Backer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
hian	
0 1. 7 25	Manner of Injury Q runaway assistant; a two-horse wagon.
Date 12214 / 1933	Nature of Injury Lung Junktured by broken ril.
Jelfneng	24. Was disease or injury in any way releted to occupation of deceased?
At majoris-	If so, specify
XMura	(Signed)
Registrar.	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1. 100000 Mg
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STATE OF MARYLA

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Chronic interstitial raphritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIPEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

CIANS statement Exact may

BINDING

IARGIN RESERVED

OCCUPA-1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city-or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of .___, 19_____, to_______, 19_ 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days to have occurred on the date stated above, at c 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... PATION back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spent In this this occupation (month and occupation Other Contributory Causes of Importance: Was Jewely asside 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation... 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_____ Was there an autopsy?__ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: ü Accident, suicide, or homicide? Accident, Date of Injury 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE ___ Date LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify kistrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago	
0.3166				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

in s D	I. PLACE UF DEATH	23
of mild	County AAA	K-57
E OF \	Village or City Furnase Brance	h Roadho.
-= °		(If death occurred in a hospital o
RD. Every YSICIANS statement	Length of residenca In city or town where death occurredyrs.	ds. How long In U
Ev CI7	2. FULL NAME our. Chiself M.	Howler
	(a) Residence: Not surrecure Brand	ward.
P.E. act	PERSONAL AND STATISTICAL PARTICULA	ARS MEDICA
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORDWORCED (write	
T L Ed.	58. If marriad, widowed, or divorcad	
PERMANENT EXACTLY ily classified.	HUSBAND OF (Or) WIFE OF Marie L Fowler	22. I HER
E X Cl y cl te.	6. DATE OF BIRTH (month, day, and year) John 6, 190	9 Glast sawh ina alive
IS A PE stated E properly certificate		LESS than to have occurred on the da
IS A I stated properlice	26 3 13 1day	The PRINCIPAL CAUSE Of wara as follows:
HIS I be s be p of ce	8: Trada, profession, or particular kind of work dona, as SPINNER,	12
1 1	Sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unimona
2 = 6	work was done, as SILK MILL, Co. sperative Per	tal beb
H M to	SAW MILL, BANK, atc	s
UNFADING I upplied. AGE terms, so that instructions	12. BIRTHPLACE (city or town) Balt Mol	Other Contributory Causes
AD ed.	(State or country)	
UNFA supplied n terms, ee instru	13. NAME archan former	
U Sur	13. NAME Collan Courses 14. BIRTHPLACE (city or town) Courses 15. Collace City or town)	Nama of operation
Harrie .	(State or country)	What tast confirmed diagno
9 6	15. MAIDEN NAME Velyn Joyn	23. If death was due to extan
AINLY, WITH d be carefully DEATH in plai	16. BIRTHPLACE (city or town)	Accidant, suicide, or homici
in EA	W/2 - 2 1 T	Where did injury occur?
	17. INFORMANT (Address) 1.5 bills one Brank La	Specify whether Injury occu
40	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
on s SE	Place Jouchon flasher fully	221933 Nature of Injury
-WRITE mation sh CAUSE (19. UNDERTAKER WM GOOR	24. Was disease or injury in
B. T. C.	(Address) 1217 18 Poule &	If so, specify
7	20, FILED July 19, 19 35 Idan W. Whe	line (Signery awa
	A	2

STATE OF MARYLAND—CERTIFICATE OF DEATH . 07396

	_ Registration	Dist. No	2-2	
CNO.			St	Ward
th occurred in a hospital or instituti				
ds. How long In U.S. if of	foreign birth?	yrs	mos	ds.
St. Ward.				
		it give city or t		te
MEDICAL CE	RTIFICAT	E OF DE	ATH	
1. DATE OF DEATH	0	10		,
yn	(Month)	7	·/, 19	93.
U	(John)	(Day)	LA	(Year)
1 HEREBY	CERTIF	That I a	ttended dec	eased from
	19.35, to	July	19	19 3 1
last sawh alive on	Ines O	197	193 3-	aath is said
o have occurred on the data stated	shove at 1.4	P.M.		2011 13 3414
The PRINCIPAL CAUSE OF DEATI			nca.	
wara as follows:	and raidles can	aca or importar	,	ata of onset
A	1			
Pulmonary	1 Jule	renlos		934
1				· · · · · · ·
Other Contributory Causes of impor	tance:			
Nama of operation		D	ate of	
What tast confirmed diagnosis?		P Was ti		new? 200)
				p3)
I. If death was due to extarnal caus				
Accidant, suicide, or homicide?=		Date of Injury		-, 19
Where did injury occur?	(Specify city o	r town sounts	and Sheet	
pecify whether Injury occurred in	INDUSTRY, in H	OME, or In PU	BLIC PLACE	
k –				
Mannar of Injury				
Nature of Injury				
			42 [
I. Was disease or injury in any wa	y related to occu	pation of decea	sed?	*
f so, specify	-14-5	?		
(Signey awrence	X Du	ua		M. D.
(Addrass) 1009	anna	koliso	Bhil.	
			/	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carrier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	10	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street care	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis :	3 days ago
		(2 3/	,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

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(Year)

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Example I		-	Example II	3.
The principal cause of death and relation of importance were as follows:	ed datuses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis) AUTO	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREA	UVS	July 5,1927	Peritonitis	3 days ago
Properties of the control of the con		- Commented		
Other contributory causes of importan	ce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAIN

V. S. No. 1

County. Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence: No. (Usual place of abode) St., Ward. (Look of RACE PERSONAL AND STATISTICAL PARTICULARS 3. SEX ACCURR OR RACE OR DIVORCED (warpythe word) St. II HARRIEL, wildowed, or divorces ((a) Ville of County) (Month) County of C	STATE OF MARYLAND	CERTIFICATE OF DEATH 07398
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Jenselin Control of St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (warp; the word) Sa. If married, widowed, or divorced (co) wife of the control	1. PLACE OF DEATH	3
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and Sette occurred on the death occurred occurr	County G- C	Registration Dist. No.
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (warryche word) 52. If married, widewed, or divorced (city) virte of (city) virte	Village of City	No. St., Ward
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DRAW DIVORCED Curry; the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 2. I HER EBY CERTIFY, That I attended deceased from 19 to 19 to 19 to 19 death is said to have occurred on the date stated above, at m., 1 day hrs. or min. The PINICRAL CAUSE OF DEATH and related causes of importance were as follows: S. India or work done, as SPINNER, SAVER, BOUNKEER, etc. 10. ligitary or business in which was done, as SIK MILL, with the incorpation (State or country) The pinicran of the country of the country) The pinicran of the country of th		
(a) Residence: No. (Usual place of aboda) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 1. COLOR OR RACE OR DATE OR DIVORCED (wrige the word) 21. DATE OF DEATH 27. AGE Yests MEDICAL CERTIFICATE OF DEATH 27. AGE (Month) (Day) (Year) 28. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEPER, etc. SAVER, BOOKKEPER, etc. 10. Industry or business in which was done, as SILK MILL, word was done, as SILK MILL, word was done, as SILK MILL, STATE (city or town) (State or country) 38. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEPER, etc. 10. Industry or business in which word was done, as SILK MILL, Word was done, a	Balance	
PERSONAL AND STATISTICAL PARTISTICATES 3. SEX 4. COLOR OR RACE B. S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) 5. If married, widowed, or divorced (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeary Months Days If LESS than 1 day,		Ct. Ward
3. SEX 4. COLOR OR RACE DECEMBER 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("writchte word) 5.9. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than tay	(a) Residence: No. (Usual place of abode)	
5s. If married, widowed, or divorces HUSBAND of (Or) Wife of 6. DATE OF BIRTH (month, day, and year) 7 27 3 5 1 last saw h. alive on. ,19. ,10. ,19. ; death is said to have occurred on the date stated above, at m. Take profession, or particular Soft of Birther (month) and jear of month and year) 8. Trade, profession, or particular Soft of Birther (month) and jear of month and year of year of year of year of year o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
South Sout	OR DIVORCED (revite the word)	1 2 1 199 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SWAYER, BOKKEPER, etc 9. Industry or business in which work was done as SPINNER, SWAYER, BOKKEPER, etc 9. Industry or business in which work was done as SILK MILL, SWAY MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en au/opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Was there en au/opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	5a. If married, widowed, or divorce	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. ormin. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKEEPER, etc. 9. Ledustry or business in which work was done, as SPINNER, SAWYER, BOOKEEPER, etc. 10. Date of ceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
7. AGE Years Months Days If LESS than 1 day,	6 DATE OF DIPTH (month day and year) 7/27/35	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. Trade, profession, or particular were as follows: Date of ease of limportance: Other Coetributery Causes of Importance: 18. Trade, profession, or particular were as follows: Other Coetributery Causes of Importance: Other Coetributery Causes of Importance: 18. Trade, profession, or particular were as follows: Other Coetributery Causes of Importance: Other Coetributery Causes of Importance: 19. Information of particular were as follows: Other Coetributery Causes of Importance: Other Coetr		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Tatal time (years) Spint in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address) 18. Trade, profession, or particular kind of work done, as SPINNER, Spint in this solution (which is a spint in this occupation (month and year) Other Contributory Causes of Importance: 18. Name of operation Name of operation Date of What test confirmed diagnosis? Was there en aulopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		were as fallows t
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURDACE (CITY or town) (State or country) 19. Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	8 Trade profession or particular	Date of onset
Other Contributory Causes of Importance:	9. Industry or business in which work wes done, as SILK MILL, SAW MILL BANK etc	
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRTHPLACE (city or town) (State or country) 19. BIRTHPLACE (city or town) (State or country) 10. BIRTHPLACE (city or town) (State or country) 11. INFORMANT (Address) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation What test confirmed diagnosis? Was there en au'opsy? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 17. INFORMANT (Address) (Addre	12. BIRTHPLACE (city or town) Bellvoir	Other Contributory Causes of Importance:
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17. INFORMANT (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address)	(State of Country)	
17. INFORMANT (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address)	16 RIPTHPLACE (city or town)	
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10 DUDIAL COPMATION OF DEMOVAL		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
IN C Backs Triang 7/27 35 mainter of migray	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
made of mjury	Date 1935	
19. UNDERTAKER Roger Structure 24. Was disease or injury in any way related to occupation of deceased?	The state of the s	24. Has disease of sinjury sit any way related to occupation of deceased?
20. FILED J 27, 19 25 Jan Williams (Signed) Paurence W. Geene M. D. Registrar. (Address) 33 Calvert 28 -	LV. FILLV and a comment of a complete of a comment of the first of the comment of	53 (-1.50 SH) - CK

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AIG 6 1300	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	(44-47-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County $\alpha - \alpha$	Registration Dist. No. 2
Village or City annapolis Md	No. Entrygency Hospitalst. 3 Ward
	If death occurred in a hospital or insultation, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Martha Hill.	
(a) Residence: No. 6 Plesent Court	St. Ward. SIMIT SIYWOOHGO MINI.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Dec - 27 1934	I lest saw h 11 elive on 1/6 1935; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5 m.
1434 6 Dic- 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one of
SAWYER, BUUKKEEPER, etc.	- Ariginalus sufficies
	AM alles Mus
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Uni (ahotus' (State or country) Q = Q - CO - Ind	
13. NAME John Hill 14. BIRTHPLACE (city or town) Brown Woods	Neme of operation Date of
(State or country) $\alpha - \alpha - 0$	What test confirmed diagnosis? Was 2 (next less was there an au'opsy? no
15. MAIDEN NAME O Cadrono Williams	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Offaction Williams 16. BIRTHPLACE (city or town) Virginia	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LITURE HILL COURT.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CENTER 17 9	Manner of injury
Plece 700 200 / V CC 1 Date / 1 7 , 19 5 5	Nature of injury
19. UNDERTAKER CL. H. B. Tay R.S.	24. Wes diseese or injury in any way related to occupation of deceesed? No -
(Address) 4/ Wastington 01	If so, specify
20. FILED	(Signed) M. D. (Address) 5.5 Cauld hat live

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No./1.

V. S. No. 1 B

Gladus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II	
The principal cause of deat of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 6 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HURPAUV	July 5,1927	Peritonitis	3 days ago
1				
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

E-Fevery Item of information should be carefully supplied ACE should be state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact IS A PERMANEN WITH UNFADING INK---THIS WRITE

		01400
	PLACE OF DEATH	STATE OF MARYLAND
	County anne Grundel	CERTIFICATE OF DEATH
1	County Contact of Cont	Registration Dist. No. 23
1	of A' e'	101
licate.	Village or Circum Heavet Hon 2FULL NAME Charles Helter	ward) (If death occurred in a hospital or institution, give its NAME is steed of street and number.)
11.00	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	3 SEX 4 COLOR OR RACE 5 SINGLE,	
S C P	Married Wildower Married OR DIVORCED (Write the word)	16 DATE OF DEATH July 2 5 14 , 1085 - (Month) (Day) (Year)
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	A A	June 195 T. to July 25. 190 T.
SUOI	Gionth) (Day) (Year	that I last saw ham alive on July 25, 1922
101	7 AGE [FLESS than	and that death occurred on the date stated above, at 10 m.
311	C dayhrs.	The CAUSE OF DEATH * was as follows:
	yrs. / mos. 6 ds. or min.?	
9	DOCCUPATION (a) Trade, profession or	Coronary Thromposis -
0	particular kind of work with Comour feelily	· V
	(b) General nature of industry business, or establishment in	Some dead
rra	which employed cr (employed for for	(Duration) yrs mos de.
od	9 BIRTHPLACE	Contributory Colleges.
Ε	(State or country) Thirtherland	(Duration) Z. yrs. nos. de.
7	10 NAME OF	(Signed) James S. Bellingska M.D.
>	FATHER Grederich Hilterunner	Mr. c Man a
<u> </u>	O 11 BIRTHPLACE OF FATHER	July 1985 (Address) Lein Berny. My
5	Z (State or country) (Junt erland	*State the Discuss Causing l'eath, or, in deaths from Violent Causis, state (1) Means of injury and (2) whether
-	T 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
1	of MOTHER Mary and Hess	18 LENGTH OF RESIDENCE (For Lospitule, Institutions, Trans- ients or Recent Residents)
2	13 DIRTHPLACE OF MOTHER	At place In the
2	(State or country) with er trumer	of death yrs mos, ds. State yrs mos de. Where was disease contracted,
-0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	Mrs Edith a Heltbrunner	Former or usual residence.
ne	(Informative)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
116	(Address) Simthicum Heselts	mandalis came Ach. 29 1035
218	15 7 6 56 000 000 000	2) UNDERTAKER ADDRESS
)	Filed /25 19253 YYYDEalba	Sort Charles Tristial Sh
1	Registrai	I am I weren I have the

If more b.anks are needed, addruss Ltate Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; if tired 6 business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servand Housemaid, etc. If the occupation has been ch definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully cmer," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: " nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Fermer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING D pleyed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary preman, et . But in many report For many occupations a single word or term on s, that fact may be indicated thus; Farme (respecifically the occupations of persons endomestic service for wages, as Servant Cook, etc. If the occupation has been changed p on account of the DISEASE CAUSING DEATH. Compositor, Architect, (b) Automobile factory. The imaterial Locomoline (4) ongineer. Growery, THET

spinal meningitis"); Diphtheria (avoid use of 'Croup ed term for the same diserse. E amples: Cerebrospmal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with res Statement of Cause of Death -Name, first, the pre-Typhoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Cpidemic cerebronnsumonia. Bronchopneumonia "Pneumonia."

permanently filed.

wered in detail, it will prevent further correspondence. is essential and must be obtained before the cartificate is manently filed.

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age," "Old Age," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Newstea; taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved the fracture of skull, and consequences (e.g., setsis, union) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICITAL, specident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainrbolic acid-probably suncide. The nature of the injury, ccommendations on statement of cause of death merican Medical Association.) this certificate is looked over thoroughly and all quertions Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The contributory valvular heart

V. S. No. 1

. PLACE OF DEATH	STATE OF MARYLAND
County Huns Arundal	CERTIFICATE OF DEATH
Some I Brank	Mea (Registration Dist. No. 2
Village or City Willer	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME W - James 19	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH July 18 , 1935
6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h is alive on July 17, 1935.
7 AGE If LESS that	and that death occurred on the date stated above, at 10 Pm.
l dayhrs	
yrsds. ormin. B OCCUPATION (a) Trade, profession or Bosh bearly particular kind of work	acut Delatatean y least
(b) General nature of industry	7.07
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country)	Contributory Contributory Aslands
10 NAME OF	(Duration) yrs. mos. ds.
FATHER Culcuococc	(Sirged) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Make a sele	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Unlices	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
If I my	Former or usual residence
(Informant) from 1 / Mark of Con Work De	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 7 18 ST (MM	20 UNDERTAKER ADDRESS
Filed 19230 Registrar	The Hollemay Wash &
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07401

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). Spinner, (b) Collon should be used only when needed. As examples: (a) sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewife en at home, who are engaged in the duties of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the mill; (a) Salesman, (6)

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. and State stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Whooping approved by Committee on Nomenclature of the Recommendations on statement of cause of American Medical Association.) ncture of skull, and consequences (e. g., sepsis, plic acid-probably suicide. The n-ture of the injury, qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (s) may be stated under the head of "contributory." ent; Revolver wound of head—homicide; Poisoned by "Atrophy," "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County	-0-		Registration Dist. No.	L
Village or City	raferla	2	No. 12 Calvest Courtst,	War
Langth of rasidenca in city or town w	bar danth annured	yrs Commo	death occurred in a hospita for institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	
Langth of fasidenca in city of town w	nere death occurred	1		
2. FULL NAME	and.	TOP	DITTI DEPORATE ILLE	
(a) Residence: No. //	(Usual place	of abode)	St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STAT	ISTICAL PARTE	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22 I HEREBY CERTIFY, That I ettended de	ceased fro
	27711		1940 , to 37 .	_, 19=1_3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monti	Days	I If LESS than	to have occurred on the data stated above, at	death is se
O C	1 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related gauses of importance	Date of ons
8. Trada, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, atc.	, (Chap But head to	Date of oils
9: Industry or business in which work was dona, as SILK MILL.				
SAW MILL, BANK, etc	II Total ti	ime (years)	- 1	
this occupation (month and year)	spar spar	nt in this		
4	madel		Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	108	1		
II I3. NAME Seas	Hopk	Em		
14. BIRTHPLACE (city or town)	West On	neg.	Name of operation Date of	
(State of country)	1		What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME	tra Br	m	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Pest Ri	nec	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	TA		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Musther (Address) // Calm	1 Brown	18	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Έ.
18. BURIAL, CREMATION, OR REMOVAL	· 11 1	(64	Manner of injury	
Place Druck To	Date Hu	7, 1932	Natura of injury	
19. UNDERTAKER	John	ron	24. Was diseasa or injury in any way related to occupation of deceasad?	
(Address)	Smap	rliss	If so, specify	
20 51150 \$1 19 50 5	5 KOWIL	vish	(Signed)	L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

m

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	in mail
Gallstones	May 1,1923	Gastroenteritis	1 year

If buore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No.

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Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage FILEAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributers of i			
Other contributory causes of importance:		Other contributory causes of importance:	and E
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH
--

1. PLACE OF DEATH County Anne Arun	ndel		Registration Dist. No. 2/	/	
		ate Hospi	itsNbSt., death occurred in a horpital or institution, give its NAME instead of street and m	umber)	
2. FULL NAME Hanna	h Johnso	on			
(a) Residence: No. Balti	more Ci	ty, Maryl	arst, Ward. If nonresident give city or town and	State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX female 4. COLOR OR RACE black	5. SINGLE, MARI OR DIVORCEL Wide	RIED, WIDOWED,) (write tha word)) Wed	21. DATE OF DEATH July 5th (Month) (Oay)	, 1935 (Year)	
5a. If marriad, widowed, or divorced Unkno HUSBAND of (or) WIFE of	wn		22. HEREBY CERTIFY, That I attanded Sept. 28th		
6. DATE OF BIRTH (month, day, and yaar)	1881?		Hast saw her alive on July 5th 19 35		
7. AGE Years Months 54? Unkn	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated abova, at 2:30P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trada, p:ofassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	House	work	Chronic interstitial nephriti	s?	
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc		-			
SAW MILL, BANK, etc	11. Total ti	ma (yaars)	Othar Contributary Causes of Importance:		
12. BIRTHPLACE (city or town) We st	Virgin:	ia	Chronic myocarditis	?	
13. NAME Jesse Ber	ry				
13. NAME Jesse Ber 14. BIRTHPLACE (city or town) West (State or country)	Virginia	3	Name of operation Oata of Was thera an eutopsy?		
15. MAIOEN NAME Josephin	e Robins	son	23. If death was due to external causas (VIOLENCE) fill in also the following		
15. MAIOEN NAME JOSephin 16. BIRTHPLACE (city or town) Wes (State or country)	t Virgin	nia	Accidant, suicide, or homicida?Oate of injury	, 19	
17. INFORMANT Hospital R (Address) Crownsvill		Land	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.	
18. BURIAL, GREMATION, OR REMOVAL	la Daja	///. 19035	Manner of injury		
19. UNOERTAKER D. R. W. (Address), Water	when youry	od Kuft	24. Was diseasa or injurylin any way related to occupation of deceased?	2	
20. FILED PRINCES 19 19	I Jo	P Registrar.	(Signad) (Addrass)	M. D.	
If mor	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	971	

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
790 8 19	35		
Other contributory causes of importance:	e	Other contributory causes of importance:	
Gallstones BUREAU V	May 1, 1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARY	LAND-CH	ERTIFICAT	E OF	DEATH	07

	0	my	1	11	Par	
I	U	6	4	V	5	

1. PLACE OF DEATH	23
County Anne Arundel	Registration Dist. No. 20/
Village or City Crownsville State Hos	spinal St., Ward
Length of residence in city or town where deeth occurred 2 yrs 10 mg	If death occurred in a hospital or institution, give its NAME instead of street and number) a. ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Rayfield Johnson	31
(a) Residence: No. Caroline County, Maryla	end
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH July 3rd ,193 5 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i ettended deceased from August 10th 19 32 to July 3rd 19 35
6. DATE OF BIRTH (month, day, and yeer)	lest saw h im alive on July 3rd ,19 35; death is said
7. AGE Yeers Months Deys If LESS then 1 dey,hrs orhrs	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary tuberculosis ?
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupetion (month and year) 11. Total time (yeers) spent in this occupetion	
I2. BIRTHPLACE (city or town) Maryland (Stete or country)	Other Contributory Causes of importence:
# 13. NAME Aaron Johnson	
13. NAME Aaron Johnson 14. BIRTHPLACE (city or town) Maryland (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Westhere en eutopsy?
# 15. MAIDEN NAME Unknown, (dead)	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Unknown, (dead) 16. BIRTHPLACE (city or town) Maryland (Stete or country)	Accident, suicide, or homicide?
Hospital Records (Address) Crownsville, Mar/land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAU CREMATION, OR REMOVAS Place Of Prior Lat Deter July 6 ,1945	Manner of injury Neture of injury
19. UNDERTAKER Dr. A. Wintersche Deuft (Address) warrbrieg tid	24. Was disease or injury in env wey related to occupetion of deceesed?
20. FILED 7./6	(Signed) Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example	I	Example II	
The principal cause of death and of importance were as follows:	related causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- IVED 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	6 1935 July 5,1927	Peritonitis	3 days ago
BURE	AU V. S.		
Other contributory causes of impe	Fedura	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		93.00
County Anne Aru	ndel .	Registration Dist. No.
Village or City	n sville Stat	OS_No.tell St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 3_mos, 4_ds. How long in U.S. if of foreign birth?mosds.
WI I OFF 14/41418	lie Johnson bridge, Dorel (Usualplace of abode)	estersCount Ward. Haryland If nonresident give city or town and State
PERSONAL AND STATIST		
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the SEPST'S LEC	werd, 21. DATE OF DEATH July 31st (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	and and and	22. I HEREBY CERTIFY. That I attended deceased from April 27th 1934, to July 31st 1935
6. DATE OF BIRTH (month, day, and year)	1869	l last saw her alive on July 71 st., 19.35 death is said
7. AGE Years Months	Oays If LES	
66 Un	khown or or	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last workad at this occupation (month and year)	Housework 11. Total time (years) spant in this occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	eryland	Chronic myocarditis Generalized arteriosclerosis
13. NAME John Styles		Senility
14, BIRTHPLACE (city or town)	eryland	Name of operation Data of What test confirmed diagnosis? Was there are autopsy?
T	ane Marine aryland	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accident, sulcida, or homicide?
17.INFORMANT Hospital R (Address) Crownsvi	ecords lle, Larviano	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 8/5.	Manner of injury Nature of injury
19. UNOERTAKER A CHUR (Address) (Address)	sterde Ou	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILEO	A TOTAL	istrar. (Address) FOWNSville, Maryland

mation should be carefully supplied. B.—WRITE PLA ż

should state item of infor-

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

FOR BINDING

MARGIN RESERVED

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
BUREAU-V. S.			o days ayo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

should state

RD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLAC	E OF D	EATI	н			93-6	
	County	Aı	ane.	Arunde	1		Registration Dist. No. 21	
	Village or City Water oak point						NoSt.,death occurred in a horpital or institution, give its NAME instead of street and s	Ward
							death occurred in a horpital or institution, give its NAME instead of street and s ds. How long in U.S. if of foreign birth?yrsme	
2							HUS Veteran specify WAR Spanish - Am	<u> </u>
	(a) Re	esidence: N	10	same	(Usual place		St., Ward. If nonresident give city or town and	State
-	PER	SONAL	AND	STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. 0	COLOR	OR RACE	5. SINGLE, MAR OR DIVORCE	RfED, WIDOWED, D (write the word)	21. DATE OF DEATH July 29th	1935
-	male			ored	sing	le	(Month) (Day)	(Yeer)
56,	If married, HUSBANI (or) WIFE	D of	divorc	ed			22. HEREBY CERTIFY, Thet lattended	
6.	DATE OF B	fRTH (mont	h. dav.	and year) Max	7	T879	May Ioth 19.35, to July 25t I lest saw h im alive on July 25th 19.35	
-	AGE	Years		Months	Days	If LESS than	to heve occurred on the date stated above, et_IO_A_m.	
		56		2	?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	Date of onset
Z	Trade,	profession,	or part	icular			Arteriosclerosis	
10					mestie		Chronic myocarditis	ti
1PA	9. Indust	ry or busin ork wes done W MILL, BA	ess in v e, as SII	vhich LK MILL,				
OCCUPATION		W MILL, BA			11. Total t	ime (years)		
0	thi	ar) A.V.	(mant	h and 135	3p3	nt in this upation		
	D/DTIID! A	OF (-in		TOTA 3.	od - l mb i		Other Contributory Causes of importance: Cerebral hemorrhage	May, I
12.		or country)	own)	distribute	adolphi	To	- WALL MARKET THOMAS	1935
ER	13. NAME		117	lknown		T Ct.		
FATHER	14 RIRTH	PLACE (city		11			Neme of operation Dete of	
_		tate or coun		.,			What test confirmed diegnosis? Wes there an o	eu'opsy?
MOTHER	15. MAIDE	EN NAME		1t			23. If death wes due to external causes (VIOLENCE) fill in elso the following	:
10	16. BIRTH	PLACE (city	or tow	n)			Accident, suicide, or homicide? Date of injury	, 19
Σ	(\$	tate or cour	ılry)				Where did injury occur? (Specify city or town, county and Sta	(a)
				n Burk			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	. BURIAL, CI	REMATION,	OR RE	MOVAL COL	Point-		Manner of injury	
	Place	Mag	oth	ly	Date Jul	y 30,19 35	Nature of injury	
			т	Danasa			24. Was disease or injury in any way related to occupation of deceased?	
19	UNDERTA! (Addre		Do.	Brown	77/1		If so, specify 2	
	/	7-2	9	3/-	7. a. a	1370 w	(Signed) A. A. West	M. D.
20	, FILED,		£, 19			Registrar.	(Address) Vaoacleus,	rug,

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Exa	mple I		Example II	7
The principal cause of death of importance were as follows	3:	1.	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 6 1	935 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	DOKEAU !	V. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				11

PLACE OF DEATH

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STATE OF MARYLAND

County 44 CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME is stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word (Day) attended the deceased from 6 DATE OF BIRTH (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Address) 11 BIRTHPLACE *State the Diseaso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether OF FATHER PARENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. ds. (State or country Where was disease contracted, if not at place of death?.... Former or usual residence OR REMOVAL ADDRESS 20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired fro laborer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (1 or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DILEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the darm is essential and must be obtained before the certificate in American Medical Association.) "Uraemia," "Weakness," etc., whon a definite disease stated unless important Example: Measles (disease (Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whooping cough; cause for which surgical operation was underperitonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature Chronic Carcinoma, "Senile," etc.), "Dropsy," failure," "Haemorrhage," chopneumonia (secondary), affection need not be etc. valvular heart disease; Always qualify all The contributory Sarcoma, etc., of Measles;

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Example II
pal cause of death and related causes Date of nce were as follows:
rilepsy 1 wee
street car 1 wee
3 day
ributory causes of importance:
tis 1 ye
ri

V. S. No. 1 B. ż

STATE OF	MARYLAND-CERTIFICATE O	F DEATH	07410

	1. PLACE OF DEATH	
	County Churchel	Registration Dist. No.
	Village or City Character City	No. 2 / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city of toy where death occurred	2(3
1	2. FULL NAME Sancis Thou	iton Marchand
	(a) Residence: No. 2/1 Pri Geo	St., 2 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-10	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White OR Divorced (write the word)	(Month) (Day) , 1935
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. HEREBY CERTIFY That attended deceased from
te.	6. DATE OF BIRTH (month, day, and year) Oct 20 - 1860	Plast saw h Line alive on Fully 17, 1935; deeth Is said
îca	7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at III. T. m.
certificate	74 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	8. Trade, profession, or particular kind of work done, as SPINNER.	Myocardial Insufficiery 7/15/35
k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Prindustry or business in which	Primary forme Dente myscapfittis . T
acl	work was done, as SILK MILL,	Charles and the contract of th
on back	10. Date decessed last worked at this occupation (month and spent in this	
	year) occupation (involutional grant in this	
instructions	12. BIRTHPLACE (city of town) Dattumare 2019.	Other Contributory Causes of importence: 2/10/25
truc	(State or country)	old infantale paralysis
insl	13. NAME John D. Marchand	
See	14. BIRTHPLACE (city or town) Dieensburg	Name of operation Name Date of
	(pate of county)	What test confirmed diagnosis? Cleaned Was there an au'opsy? No
ant.	15. MAIDEN NAME Mar garet S. Fremular	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) 13alts 700.	Accident, suicide, or homicide? Date of Injury, 19
mp	(State on country)	Where did injury occur?(Specify city or town, county and State)
very i	17. INFORMANT John J. Machand (Address) The Poiler - Washinston O	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL P	Manner of Injury
N is	Place Castesile 9. Dato fuly 19-,1935	Nature of injury
TION	19. UNDERTAKER John Saylor	24. Was disease or injury in eny way related to occupation of deceased?
7	(Address) (Charafolli Mig.	If so, specify
1	20. FILED 7 8 , 19.3 M MR Receitage	(Signed) A NULL Marker M. D. (Address) Quana Balia Mal
-	The spiral.	No. 10 Page 19

If thore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 11.	Example II	A 10
of importance were as follows: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUG 3 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
DING	ANENT RECOKI ACTLY. PHYSissified. Exact st
MARGIN RESERVED FOR BINDING	HIS IS A PERM. be stated EXA be properly clas of certificate.
IN RESERVE	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E) CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
MARG	f, WITH UNF arefully supplie H in plain terms rtant. See insti
0	RITE PLAINLY tion should be c USE OF DEAT!
Η,	ma CA

STATE OF	MARYLAND—CERTIFICATE OF DEATH	0741
----------	-------------------------------	------

1. PLACE	OF DEATH Anne Arun	lel		97)	/
Village or	Carrie	ville S		Registration Dist. No	number)
2. FULL N			MoNeil		
(a) Resid	ence: No. Upp	er Marll (Usualplac	oro Prir	ncest. George de County promessant ive al prown an	d State
PERSO	NAL AND STATIS	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE black	OR DIVORO	RRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH July 7th (Month) (Day)	, 193.5 (Year)
5a. If married, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I ettended July 5th ,1935 to July 7th	
& DATE OF BIRT	H (month, day, end year)	1876		I last saw h_im_ alive onJuly 7th,19_3	
	fears Months	Days kn OWN	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et 2: 32 . An. M. The PRINCIPAL CAUSE OF DEATH and releted causas of importance were as follows:	Date of onset
A Trade nu	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Labo		General erterioscleposis	2
SAW I	or business in which was done, es SILK MILL, WILL, BANK, etc			-	
	eased lest worked at coupetion (month and	- SI	itime (years) pent in this coupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (State or c	(city or town)	North (Jarolina	Senility	33
	Levi McNeil				
	ACE (city or town) NOT	th Carol	ina	Name of operation Dete of Whet test confirmed diegnosis? Was there an	
15. MAIDEN	NAME Mary	(Unknum	1)	23. If death wes due to external causes (VIDL ENCE) fill in elso the following	ng:
	ACE (city or town)NO	orth Car	olina	Accidant, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFDRMANT _ (Address)	Hospital Crownsvil	Records Le, Mary	·land	(Specify city or town, county and St Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC P	ale) LACE,
18. BURIAL, CREA	vour wife	Date 7/3	F 1935	Manner of injury	
19. UNDERTAKER (Address)		rulero	The Pupt.	24. Was disease or injury in any wey related to occupation of deceased?	9
20. FILED	y & , 19 2	t. Joy	Registrar.	(Signed) (Address) Crownsville, Maryles	M. D
	If mo	re blanks are needed	d, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

N. B.—WRITE PLAIN

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07412
1. PLACE OF DEATH	120 8
County A — A —	Registration Dist_No ₂ 2
Village or City Annaficho (Inc.)	No. Ce mang may Hosfauld St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sivederca Mc Phans	on W was a still of the state o
(a) Residence: No. 75 West (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 12 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrie d	22. HEREBY CERTIFY, that I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Lec. 25, 1898	1 last saw h alive on July 1931; death is seld
7. AGE Years O Months Days If LESS than I day,	to have occurred on the date stetes above, at 5.30m. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
& Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domeshic	Deceased Rod same freezes and infection fol 11/1/(CIT
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	-lowing the Lorth of box last child two or three !
spent in this	years ogo the had trouble ever some thes long stording
Pro-16 loveli	Other Contributory Gauses of importance:
(State or country) 12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country)	Fachwester (lef Life) The 145
13. NAME OF EOVGE W Parker 14. BIRTHPLACE (city or town) amafi oho	
14. BIRTHPLACE (city or town) Wmafi oths (State or country) A - G - CO Md	Name of operation All SWAM WING Dete of July 12,1735
The state of the s	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME CECELIA Johnson 16. BIRTHPLACE (city or town) On English Ville	Accident, suicide, or homicide?
(State or country) $a - a - Go - Md$	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT STEORY WEST ST	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Draw whill Centidate 7, 15, 1935	Manner of injury
19. UNDERTAKER COHB Parker (Address) 47 Was born of the	24. Wes disease or injury in any wey releted to occupation of deceesed?
20. FILED 7 25, 19 35 Mental.	(Signed)
	(Address) Milly My Market Street, Baltimore, Requesting U. S. No. 1. 5 and word by

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m of OCCUPA.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 07413
1. PLACE OF DEATH	93-2
County Anne Armedel	Registration Dist. No. 2 /
Village or City Develd Harbor	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Trus 7. Millan	
(a) Residence: No. Silver Shrings.	St. Ward.
(a) hesidence. No. Wsual place of abode)	out a one (d), If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DLYORCED (purite the word	21. DATE OF DEATH
male Mute surfle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
72-100 1011	
5. DATE OF BIRTH (month, day, and year) Nov. 28, 79// 7. AGE Years Months Days If LESS tha	
75 7 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence
ormin.	were es follows:
kind of work done, as SPINNER, duto The change	Heart Sailine due to
9. Industry or business in which	and an
CAW MILL DANK AL	- Paris Cara in Calderate
10. Date deceased last worked et this occupetion (month and spant in this	and the state of t
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Selver Springs,	
(State or country) May laud	- Chronic Myocarditi
13. NAME Seple E. Miller 14. BIRTHPLACE (city or(10wn)	
14. BIRTHPLACE (city or(lown)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mayon Marlow	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME M. Organ Marlow 16. BIRTHPLACE (city or town) Scholer Springs	Accident, suicide, or homicide? Date of injury, 19
(State or country) Much land	Where did injury occur?
17. INFORMANT Mys. Marion Miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Silver Sping, Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Silver Springs, M.J. Date July 3, 19.	Neture of injury.
19. UNDERTAKER Warner S. tumphen	24. Was disease or injury in eny way releted to occupation of deceased?
(Address) Selver Burn as 74 th,	If so, specify
7 3 210 1111 - 11	(Signe) Joseph Climple M. C.
20. FILED 19.20 XVVVV	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
SINIL	OI	MINICIENTO CERTIFICATE	OI	DLAIII	
ATH	_	(M-E)			

07414

1. PLACE OF DEATH	
County acure acuedal	Registration Dist. No.
Village or City Sevell	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
al MiTh	10
2. FULL NAME WEAR MUSICAL	
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the-word)	21. DATE OF DEATH Suley (Month) (Oav) (Year)
5a. If married, widowed, or divorced	(Multil) (Vey) (Teal)
HUSBAND OF Ceter Milehell	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Oct. 13, 1871	
7. AGE Years Months Days If LESS than	to have occurrad on tha date stated above, atm.
636H 8 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	No prepara in allendance
Industry or business In which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	the localeulle had
	Care stat-
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
H CONTRACTOR	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT LONGE STORE	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	M
Piace / 100 es Cenelle Date / 0, 1934	Nature of injury
4.0 Helah	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) The end of the second se	If so, specify
7/8 31- UN PP/ 7	(Signed) (ay to meso

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

(Address) - (Address)

V. S. No. 1

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Chronic interstilial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	infor	stat	UPA		
1	Jo m	plnou	220	1	1
1	ite	sh	jo		
	N. B.—WRITE PL. LY, WITH UNFADING INK—THIS IS A PERMANENT TO RD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
_	RD.	IYS	sta		
	D. A.	Y. PE	Exact		
	NEN'	CTL	sified.		
	ERMA	EXA	class	e.	
	SAP	ated	operly	TION is very important. See instructions on back of certificate.	
	SIS	e st	pr pr	cel	
	LHI	q p	y be	k of	
	NK	shoule	it ma	n bac	
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	ADI	ied.	18, 80	truct	
		Iddus	tern	ee ins	
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	7	be/c	ATL	mpol	
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MARGIN RESERVED FOR BINDING

OTTILE OF MINITERINE	CERTIFICATE OF BEATT
1. PLACE OF DEATH	(O)
County Q Q () A.	Registration Dist. No. 21
Village or City CMMaprus MC	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its IVALVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
71	- Al
2. FULL NAME ALLEY YULLY C	JUN
(a) Residence: No. 8 3 Clay 17	St., Ward.
(Usual place of phode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193 8
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Oor WIFE of	22. HERMBY CERTIFY, That I attended deceased from
Christiania Mun autil	June 30t 1938 10 Wely 25 1038
6. DATE OF BIRTH (month, day, end yeer) Doc 3 2 1894	I las saw ham elive on July 19 1935 death is said
7. AGE Years Months Days If LESS than	X V Salu
40 6 28 1day,hrs.	to have occurred on the dete stated above, at 10 1 2 1 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
OIIRIII.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWTER, BUUNKEEPER, etc	mahre Re 6 30 15
Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc	

10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Sallo Ma	other consistency causes of importance.
(State or country)	100
13. NAME Wastanelow Miss down	
	1000
(State or country)	Name of operation Date of
VI OM IN OR	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME X/(allas Denor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Christians Mundack	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mr Clutury Date 7 5 1935	
54 011 1	Nature of injury
19. UNDERTAKER Mances Ce G Hamsley	24. Was disease or injury In any way related to occupation of deceased?
(Address) 578 W Biddle	If so, specify
20, FILED 7-3 1935 Volument 1/h	(Signed) M. D./
Registrat.	(Address) 2 4- Wash 81, and of the Md
Is more blanks are needed, address Stat Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street con 1933	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 8	3 days ago
		July City	
Other contributory causes of importance:		Other contributor, causer in importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		42	

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
NT RECORD	LY. PHYS	. Exact sta	
PERMANEN	EXACT	ly classified	ate.
HIS IS A	be stated	be proper	of certifica
VG INK-T	AGE should	that it may	ons on back
I UNFADI	supplied.	in terms, so	see instructi
VLY, WITH	e carefully	ATH in plai	nportant. S
VRITE PLAN	tion should b	AUSE OF DE	TION is very important. See instructions on back of certificate.
1	m	Ö	E

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(46-E)				
County	Anne Arunde	el			Registration D	Dist. No. 21	
Village or City Annapolis, (If Length of residence in city or town where death occurred 68 yrs 5 mos.			No. Emergency f death occurred in a hospital or insti death occurred in the boson in U.S. if	tution, give its NAME.	instead of street and	d number)	
2. FULL NAM (a) Residence	JAMES W. No.St. Marg	*	A. A. Co.	• • • • • • • • • • • • • • • • • • •	If nonresident g	give city or town as	nd State
PERSONA	L AND STATISTI	CAL PART	ICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX male	4. COLOR OR RACE white		RRIED, WIDOWED, (D (write the word)	21. DATE OF DEATH	July (Month)	28 (Day)	, 193 5 (Year)
5a, If married, widower HUSBAND of Control o	Cora Nicho	eb. 22,	1863	I last saw h_kers_ alive on_	Y CERTIFY	July 28	1955
	Months 5 5 ion, or perticular	Days 6	if LESS than 1 dey,hrs. ormin.	to have occurred on the date ste The PRINCIPAL CAUSE OF DEA were es follows:			Date of onse
Rind of wo SAWYER, E SAWYER, E Work was C SAW MILL 10. Date deceased this occupa	irk done, as SPINNER, GOOKKEEPER, etc	11. Total spe		Other Contributory Causes of im		ch	lukus
(State or count		Maryla	nd.	-			
13. NAME 14. BIRTHPLACE ((State or c	(city or town)	nown unknown	S # # * S S S S S S S S S S S S S S S S	Neme of operation What test confirmed diagnosis?_			n autopsy?
15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) unknown (Stata or country) 17. INFORMANT Mrs. Cora Nichols (Address) Annapolis, Maryland.			23. If death was due to external c Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred	auses (VIOLENCE) fill CSpecify city or t	l in also the following the state of Injury	ing: , 19	
Place Millersville, Md Date July 30, 19 35			Manner of Injury Nature of Injury 24. Was disease or injury in any	way related to occupa	tion of deceased?	no	
19. UNDERTAKER John M. Taylor, (Address) Annapolis Md. 20. FILED 7 30 1935 Muniphy			If so, specify (Signed)	2 ()	Line To	id.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: DEIVED Arterioselerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 116 3 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

07417

1. PLACE OF DEATH			,
County a		Registration Dist. No. 2	4
Village or City San Car		No. Secure Pure St., death, occurred in a horpital or institution, give its NAME instead of street as	Ward
Length of residence in city or town where dee		ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME James	J. Northrup	If U.S. Veteran specify WAR	
(a) Residence: No. Schlyse	(Usual place of abode)	St., Ward. If nonresident give city or town is	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (6) (Day)	, 193 <u>\$</u> (Yaar)
5a. If married, widowed, or divorced HUSBAND of			120
(or) WIFE of	nown	22. I HEREBY CERTIFY, That I ettend	
6. DATE OF BIRTH (month, dey, and yeer)	Kur M. 1899		
7. AGE Yeers Months	Days If LESS then	to heve occurred on the date stated above, etm_	
36	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:	1
8. Trede, profession, or perticular	7	Mele as follows.	Date of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	lover	Hocidental Drowning:	
9. Industry or business in which work was dona, es SILK MILL,		a boat was not involvation	
SAW MILL, BANK, etc	II. Totel time (years)	Curson	
this occupetion (month end year)		,	
12. BIRTHPLACE (city or town) 8 chem	ectady. N.y.	Other Coutributory Causes of importanca:	
(State or country)		J. 4 + +	
13. NAME	Warthruf	71	
14. BIRTHPLACE (city or town)		Name of operation Data o	f
(Stete of country)	enne	What test confirmed diegnosis? Wes there	en autopsy?
15. MAIDEN NAME Olufter	non	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the follow	ving:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Accident Deta of Injury	, 19
(State or country) Unifind	LAN JOHN	Where did Injury occur? (Specify city or town, county and	State
17. INFORMANT COLORS CONTROLLES	, stole Hoppelas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10 11 36	Menner of injury - Trown, wy	
Plece amapout mo	Date July // 19	Netura of injury.	
19. UNDERTAKER 3 1 143	phrise	24. Was disease or injury tamany way related to occupation of deceased?	
(Address) and sport	to she	If so, specify	acting
20, FILED 7 21 1935	Mush	(Signed Lovery m. St) and	MID.
20, FILED - 1 1 3 1 3	O Paristra	(Address) Hunar! M.	11

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7			
Other contributory causes of importance:	20	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH inforstate OCCUPA-1. PLACE OF DEATH plnods item Village or City of PHYSICIANS Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OF RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) properly classified. FOR BINDING 5a. If married, widowed, or diverced HUSBANO of (or) WIFE of certificate, 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 0avs 1 day, ____hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... RESERVED be jo back it may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc.. instructions on 10. Oate deceased last worked et this occupation (month and 11. Total time (years) spant in this that w Vation 12. BIRTHPLACE (city or town MARGIN (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER See 14. BIRTHPLACE (city or town) (Stata or country) mation should be carefully MOTHER very important: 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) -WRITE-PLA 17. INFORMAN (Address 18. BURIAL, CREMATION, OR TION is 19. UNOERTAKE Registr

0	7	1	1	8	
14	4	T	1	1)	

(191)		1	
	Registration D	ist. No.	
No.		St	Ward
death occurred in a hospital or institution	n, give its NAME	instead of street and	number)
Hew long in U.S. if of f	oreign blrth?	yrsm	osds.
: lawture	00		
Ward.			
Walu	If nonresident g	ive city or town and	State
MEDICAL CE	The second secon		
21. DATE OF DEATH	0	1.5	
· Ne	uz	/0	, 193 💍
	(Month)	(Day)	(Yaar)
22. HEREBY	CERTIFY	That I attended	deceased from
year s	30, to	Luce 15	19.36
Vlast saw har alive og	-> 10	19.30	C; death is said
to have occurred on the date stated a	bove/at 3:4	H-PM	
The PRINCIPAL CAUSE OF DEATH were as follows:	end related causes	of importence	1
wera as rollows.			Oate of onset
	1 1		
//	roste		7,13
- Jane			7
			-

Other Contributory Causes of Importa	ance:		1
Neme of operation			
What tast confirmed diagnosis?		Was there an	au opsy?
23. If death was due to external cause	s (VIOLENCE) fill	in also the followin	g:
Accident, suicide, or homicide?	Da	ate of Injury	, 19
Where did injury occur?	(Specify city or to	own, county and Sta	
Specify whether injury occurred In I	NOUSTRY, in HOM	E, or in PUBLIC PL	ACE.
••••			
Manner of injury			
Nature of injury			
24. Was disease or injury in any way			
If so, specify	01	A	
(Signed) Church	re 86	inex	M. D.
(Address) Ru	ush	ni o	Mes)

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Example J	Į į	Example II	
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Arteriosclerosis Chronic intentified and the AUG 6 1935	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis ACC 0 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(3)
County Anne Arunde	1	Registration Dist. No. 21
Village Dr City Annapolis		No. 44 Murray Ave. St., 3 Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CHARLES D.	RIDOUT	ACO NIHLIM
(a) Residence: No. 44 Murray	(Usual place of abode)	St., Ward St. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white	single, married, widowed, or divorced (write the word) widowed	21. DATE OF DEATH July (Month) (Dey) (Yeer)
5e. If married, widowed, C. divorced HUSBAND of Carrie C. Ri	dout	22. ILLE HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Feb	. 7. 1857	1) ast saw h are alive on 7/24 1935 death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 6.30 Q: m.
78 5	17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, LARMON SAWYER, BODKKEEPER, etc		Chranic Majohritia Date of one of the of t
Work was done, as SILK MILL, SAW MILL, BANK, etc		
1D. Date deceased lest worked at this occupation (month and year)	11, Total time (years) spent in this occupation	
	ounty.	Other Contributory Causes of importance:
# 13. NAME Horatio Ridout	The second second	Variage Muleux (less) R
13. NAME Horatio Ridout 14. BIRTHPLACE (city or town). A. A. (State or country) Mar	County,	Name of operation Date of What test confirmed diagnosis?
		What test confirmed diagnosis?
Ξ Α Α	County	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) A. (State or country) Man	yland	Where did injury occur?
17. INFORMANT C. Corner Rido (Address) Annapolis. Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place St. Margarets, Di	ate July 26 , 19 35	Neture of injury
A. A. Co. Md. 19. UNDERTAKEJOHN M. Taylor,		24. Was disease or injury In eny way related to occupation of deceased? 10
(Address) Annapolis, Md	Musple Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.

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Chronic interstitial nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PUDEAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Wes disease or injury in any way related to occupation of deceased?

Manner of Injury

Nature of injury

If so, specify (Signed)

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Phones OF

mation

(Address) (sesser O

19. UNDERTAKER (Address)

20. FILED

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: ECEIVE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1930 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago	
BUREAU	V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

- t + -	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(91)
n of occ	county lenna termolell a	Registration Dist. No. 25
Mitem of should of OCC	Village or Con Solley - Temburnet	OND. St., Ward
t s i	72	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
Ever SIAN emen	2. FULL NAME da. Schafer:	
CORD. Every PHYSICIANS	(a) Residence: No. Lolleys, Ind.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PE PE xact	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
L Y.	OR DISPECED (write the word)	(Month) (Day) (Year)
DING IANED ACT assifted	5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, Thet I attended deceesed from
MA A C assi	(or) WIFE of eclass Schafer.	July 10 - 19 3 5 to July 10 19 3
BIND] ERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) Es 13-1869.	I last sew h alivo on July 100 19.3 5, doath is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 - 1.
FO] IS state	63. 7 37 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
D IS	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. FLOUREMAN	West Est
[T] III	9/Industry or business in Wich	1 9 14
SERVI INK_T should it may on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	162
	O 10. Date deceased last worked at this occupation (month and year)	1753
NEGIN RESTANTION NEADING INPLIES. AGE STEMS, so that instructions of		Other Contributory Causes of importance:
ADI ADI d. So	12. BIRTHPLACE (city or town) (State or country)	Chamile Interest sat 193
MARGIN UNFADI supplied. n terms, se	13. NAME Hoffmalin	- IV shlantes:
RMA Sup in te See i	14. BIRTHPLACE (city or town)	Name of operation
IIIy plaii	(date of county)	What test confirmed diegnosis?
	15. MAIDEN NAME EVELLA ?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
INLY, W be carefu EATH in	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	at the little	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT College a. a. Lao; Red.	Specify which injury secured in reposition, in none, of the obline experience.
Shou E OF	18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury
	Place My 19 3 5	Nature of Injury
TEOF	19. UNDERTAKER AND	24. Was disease or Injury In any way related to occupation of deceased? N O
S. No.	0 1 1 2 1 1 2 21 21 1 F	(Signed) William De M. D.
> Z	20. FILED Registrar.	(Address) 4815 - Perburn of too line
	If more blanks are needed address State Resisterar	245 N. Charles Street Baltimore Proposition 71 S. No.

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Example I			Example II		
The principal cause of de of importance were as followed	th and related sauses	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NIC 3 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	W. (3 1455	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis ·	3 days ago	
Other contributory causes	of importance.	9	Other contributein course of importance		
Other contributory causes	or importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more bianks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATI gaged in domestic service for wages, as Scrvant, Coo work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been change to report specifically the occupations of persons en household only (not paid Housekeepers who receive a worked on may form part of the second statement For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupatio single word or term on

Statement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Ccrebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Enhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbout acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07	423
1. PLACE OF DEATH	94,0	
County Clarge Claundel	Registration Dist. No.	/
Village or City Chunapolis	No. /// Charles St., 2	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME William M.	Shields	
(a) Residence: No. /// Challes /	St., 2 Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Male White 5. SINGLE, MARRIED, WIDQWED, OR BUYORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY). That I attended do	eceased from
(1 × 1/2 1/1)	January 1, 1933 to July 200	_, 19_3J_
6. DATE OF BIRTH (month, day, and year) AMU 1/2 1861	Dast saw h con alive on 1933;	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at /m.	
74 3 9 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Coronary Thrombones	7-19.0
andustry or business In which work was done, as SILK MILL.		
work was done, as SILK MILL, SAW MILL, BANK, etc	Augua l'eclini	1933
12. BIRTHPLACE (city or town) Baltemore for	Other Contributory Canses of Importance:	
(State or country)	arteresteleron	lenkon
13. NAME 14. BIRTHPLACE (city or town) folia Shulds		
4 14. BIRTHPLACE (city or town) John Shulds	Name of operation Date of	
(State of country) Succession 1997	What test confirmed diagnosis? Was there an au	topsy? MA
15. MAIDEN NAME Mary 6. Jynn 16. BIRTHPLACE (city or town) 13 allumas	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicida?	
E (State or pountry)	Where did injury occur?	
17. INFORMANT Codille W. Hess. (Address) 709 Burkley St. Butto 294.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL 244 A	Manner of injury	
Place Date July 22, 1935	Nature of injury	
19. UNDERTAKER John 24. Haylor (Addiess) Canada Sala 2009.	24. Was disease or injury in any way related to occupation of deceased?	1.
20. FILED Das 19 35 Murps	(Signed) Long Daril	M. D.
If more blanks are needed address State I michael	August N. Charles Street Reliance Property 71 S. No. 2	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1 1 2 5 7 7		Example II	
	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
3 1935	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
U V. S.	July 5,1927	Peritonitis	3 days ago
nce:	Service 1	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	3 1935 UV.S	3 1935 1915 1921 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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STATE OF MARYLAND—CERTIFIC	ATE	OF	DEATH
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0 27 8 - 24

1. PLACE OF DEATH		(23)
County Anne Arundel		Registration Dist. No. 2/2
Village or City Jessup, A	(1	No. Maryland House of Correction World death occurred in a hospital or institution, give its NAME instead of street and number) s. 13 ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME John Sir (a) Residence: No. Bishap	gletery	No veteran St., Ward.
		If nonresident give city or town and State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White	OR DIVORCED (write the word)	July-12-1935 (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased fi 5-17-35, 19, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months 2. Months 2. R. Trade, profession, or particular	Days If LESS than 1 day,hrs. ormin.	I last saw hlm alive on 7-12-35 , 19 ; death is s to have occurred on the data stated above, at 10:00 mP · M · The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	Bilateral Pulmonary Tuberculosis
12. BIRTHPLACE (city or town) Strans (State or country) Surrete	occupation Leg Co M. Carolin	Other Contributory Causes of importance:
13. NAME Vinder Sun 14. BIRTHPLACE (city or town) (State or country)	yukubwu.	Name of operation
15. MAIDEN NAME & LSU 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	whknow	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
18. BURIAL, CREMATION, OR REMOVAL. Place Charge Could	Date July/69935	Manner of injury
19. UNDERTAKER (Address) 20. FILED sully 16, 1985 1	Marshalf Dara M Harsley Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) Jessup, Maryland Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epitepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis COGT B	3 days ago	
1		2038		
		No 3 Al-		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH

Length of residence in city or town where death occurred

Village or City

2. FULL NAME (a) Residence: No.

County

PHYSICIAN (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEK 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (qurite the Word) 193 (Month (Day) 5a. If married, widowad, or divorced HUSBAND of HEREBY That I attanded decassed from (or) WiFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than Years Oavs 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min were as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER; Jo SAWYER, BOOKKEEPER, etc... back Industry or business in which pluods may work was dona, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceasad last worked at 11. Total time (years) on this occupation (month and spant in this occupation _____ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? ----- Was there an autopsy?----carefully OTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?______ Data of injury________19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANTS should very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE mation Nature of injury____ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

How long in U.S. if of foreign birth? vrs. mos. ds.

(Year)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PUREA	0			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

Date of onset

Reistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECFIVED	July 5, 1927	Peritonitis	3 days ago
110 8 1955			
Other contributory causes of importance: Gallstones BUREAU V. S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Surgerior differential accountrial and accountrial of the second			

V. S. No. 1

	41				
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		1	
RD. Every i	YSICIANS	statement o		2	2.
r RECO	Y. PII	Exact		3.	SEX
MANEN	ACTL	assified.		5a.	If DA
S A PER!	tated EX	roperly cl	rtificate.	7.	AGI
THIS I	ild be st	ay be p	ck of ce	PATION	
G INK-	GE shot	hat it m	ns on ba	OCCUPATION	1
DIN	I. A	so t	uctio	12.	BI
H UNFA	y supplied	ain terms	TION is very important. See instructions on back of certificate.	12. 17. 18.	1
сх, мітн	carefull	I'H in pl	ortant.	MOTHER	1
LAIN	ld be	DEA	ry im	17.	IN
HE PI	ion shou	JSE OF	N is ver	18.	BI
B.—WE	mati	CAL	TIO	19.	UI
ż				20.	FI

SIAIL (OF MAR	YLAND—	CERTIFICATE OF DEATH	421
County Q Q			Registration Dist. No. 21	
V -		1		144
Village or City west a	majo	(1)	No. Morderly St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residanca in city or town whera	death occurred		ds. How long in V.S. if of foreign birth?yrsmos	
2. FULL NAME Still	Bons	Springfill	If U.S. Veteran specify WAR	
(a) Residence: No.			St., Ward.	
	(Usual place		If nonresident give city or town and Sta	ite
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH	93 3,6
Tw	1 mg		(Mgnth) (Day)	(Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended dec	eased from
(or) wire or	/		, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	uly 17.	- 1935	I last saw h alive on; 0	leath is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date statad above, atm.	
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Date of onset
8. Treda, profession, or particular			9-6-13-2	ate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			all hom no	
9 Industry or business in which work was done, as SILK MILL,				
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total	time (years)	1 / V Wbz	
this occupation (month and year)	SD:	ent in this cupation		
12. BIRTHPLACE (city or town) Wash.	annale.	olet and	Other Coatributory Causes of Importance:	
(State or country)		//		
W 13. NAME James	a Sk	sing field	7	
13. NAME 14. BIRTHPLACE (city or town)		20	Name of operation Date of	
(State or country)	ary los	,	What tast confirmed diagnosis? Was there an auto	
15. MAIDEN NAME mary	E In	Ele	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (name)			Accidant, suicide, or homicide? Data of Injury	19
E (State or country) west	ann of	white ma	Whera did injury occur?	
17. INFORMANT : Lawrence Q (Address) which and a	Sper	of field	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	99 - 1 -
18. BURIAL, CREMATION, OR REMOVAL	1		Manner of injury	
Place St Marys	Date for the	17-,1935	Nature of injury	
B 7 24	pfin	9	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER A J. (Address) and appl	f. ch	9	If so, specify A	1.10
20. FILED 7 1935	JEM	info	(Signed) (Address) (Manadalla	М. Г
75	1.4	Redistrar.	Charles Street Relaimage Requesting 7) S. No.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

0	may	A	. 3	(1
U		4	4	0

1. PLACE OF DEA	th ne Arun	lel		Registration Dist. No. 2I	
Village or City_MC			(If	No. If death occurred in a hospital or institution, give its NAME instead of street and numbers. S. I ds. How long in U.S. if of foreign birth?	
2. FULL NAME (a) Residence: No.	307	Spungir S. Carl	un st.	St., Ward. Baltimore If nonresident give city or town and State	1
PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH July I4th (Month) (Day)	5 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY, That I attended decement of the state of the sta	
6. DATE OF BIRTH (month, da 7. AGE Years	Months	Days	If LESS than 1 day,hrs.	I HO I MINGE ALL CHOOL OF DEATH ONE POLICE GRADES OF THE POLICE	ith is sald
8. Trade, profession, or pkind of work dona SAWYER, BOOKKE Industry or business i work was done, as SAW MILL, BANK, Data decased last we	n which SILK MILL.	7atchmal	ormin.	were as follows: Accidental drowning: On Continuous not involved . Congre	te of onset
SAW MILL, BANK, 10. Data deceased last we this occupation (my year) 12. BirthPLACE (city or town	orked at onth and 7 - I:	S spa oc:	tima (years) nt In this upation	Other Coutributory Causes of importance:	
(State or country)		Russia			
f3. NAME LOT	his Spur	ngin			
14. BIRTHPLACE (city or 1) (State or country)	own)Russ	sia		Name of operation	
***	own)	pungin	a .	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ————————————————————————————————————	, 19
(Address) 18. BURIAL, CREMATION, OR PlaceHebre	REMOVAL	naton.		Manner of injury	
19. UNDERTAKER(Address)	S. Lev	inson ltimore z. a . a	3 leit	24. Was disease or injury In any way related to occ::pation of deceased? If so, specify (Signed) (Address)	no M. D.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA.	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 07429
- :- ::	County Anne arundel	(115-20)
MI) E BO	Village or City Am ab alia	Registration Dist. No. St. Ward
= 0 /	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Every SIANS ement	2. FULL NAME Paul Theodasa	14. 11
RD. Every YSICIANS statement	(a) Residence: No. 6.7 Marsland an	O ST WALL STANDON NITTE LIMIT STANDON NITTE LIMITE
5 -	(Ustal place of abode)	If nonresident give city or town and State
RECU PF Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
LY LY	M OR DIVORCED (write the word)	21. DATE OF DEATH (Monthly (Day) (Year)
IDINC MANE A C T assified	5e. If merried, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That lattended deceesed from
BINDIN FRMANI EXACT y classific	(d) wire of Infaux.	June 15, 1935, to July 1, 1935
BINJ PERM EX. Iy cla	6. DATE OF BIRTH (month day, and yeer) Thy 17 - 1933	Mast saw h seen elive on July 1, 1935; death Is seid
FOR IS A I stated properl	7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
FOR B IS A PE stated E properly certificate	8. Trade, profession, or perticuler	were as follows:
HIS be be of of	O Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	surver suprilimo 6/20/3
VK—T) should it may n back	9. Industry or business in which	\[
SE SH SH SH SH SH SH	11. Total time (years)	
RES I AGE I that that ons o	this occupation (month and spent in this occupation	
. Z 4 - 9	12. BIRTHPLACE (city or town) annapalis md.	Other Contributory Causes of importance: Contributory Causes of importance: 6/15/3
IARGIN UNFADI upplied. terms, so	(Stete or country)	acute abscess cernical /6/1/2/
MARGI UNFA supplied n terms, ee instru	13. NAME Gaul Allianass 14. BIRTHPLACE (city or town).	glands 1
Se ii s	14. BIRTHPLACE (city or town) 14. City or town) 15. City of town 15. City of town	What test confirmed diagnosis? Christ of Was there an adopsy?
X, WITJ carefully H in pla	15. MAIDEN NAME Margaret makay	What test confirmed diagnosis?
be carefu EATH in	o 16. BIRTHPLACE (city or town) Saltimore	Accident, suicide, or homicide? Dete of injury, 19
ALYLY, Id be can DEATH y import	(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
Should OF DE	17. INFORMANT (NO IN VARIANT) LO CONTROL (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E S E	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
-WRITE mation s CAUSE TION is	Piece Of Mars Date 1935	Neture of Injury
	19. UNDERTAKER Small Mild Marker Mild (Address)	24. Was disease or injury in any wey releted to occupetion of decessed?
B. B.	20. FILED 7 2 1935 MANIER.	(Signed) J. Willis Markin M. D.
> Z ()	Registrar.	(Address) Annafrolis Md.
	15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car Juy5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Anne Arunde	1		Registration Dist. No. 3 3
Village or City Dorsey			No. St. Ward
	leath occurred	(If	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds,
			yi5yi5yi5
D	ter Sto	ne	
(a) Residence: No. Dors	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Wido	RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH July 14 , 193 5 (Morth) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of			
	Stone		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	v.14 18	52	I last saw h alive on 7/12, 19 35; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 10.30 m.A.M.
82 8	-,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Potin	000	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retir	.ea	Myseadial Jusyficency
			60 + + + + + + + + + + + + + + + + + + +
SAW MILL, BANK, etc	11. Total ti	ime (years) nt in this	Chronic myocardetia Duration not stated
year)	ocat	pation	Other Contributor Causes of importance;
	imore		Scribty
(State or country)	100000000000000000000000000000000000000	[d	Juanitation
14. BIRTHPLACE (city or town)	s Stone		Dennolyd allenousling
14. BIRTHPLACE (city or town)	Marylan		Name of operation
(State of Country)		u	What test confirmed diagnosis? Was there an au'opsy?
Ξ	Sander		23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Marylan	đ	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mrs. W.H.Rile	У		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dorsey, 18. BURIAL, CREMATION, OR REMOVAL	Md.		
Place Loudon Park	Date Jul	y 16 1935	Manner of injury
00,00	Q		Nature of injury
19. UNDERTAKER AND	SESSIN	and had	24. Was disease or injury in any way related to occupation of deceased?
61/1-6-6	1/1/1/1/	Moderall	(Signed) allotes H Constitute M.D.
20. FILED JULY 13., 1933. Ch	curvy V	Refistrar.	(Address) 4209- Andurch and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Both und.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		03A133	1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	Example II	
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1921	Run over by street car	1 week ago
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Vuly 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Was there an autopsy?_

(Day)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage (UNEAU V. S.	July 5, 1927	Peritonitis	3 days ago
The first the second of the se			1
Other contributory causes of importance:		Other contributory causes of importance:	250
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example II	•
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No.

B.

(Address)

20. FILED.

STATE OF MARYLAND-CERT!

FICATE OF DEATH	7435
93-0	6)
Registration Dist. No	25/
St	Ward
in a hospital or institution, give its NAME instead of street and	
How long In U.S. if of foreign birth?yrs	mosds.
Ward.	10
If nonresident give city or town at MEDICAL CERTIFICATE OF DEATH	id State
OF DEATH	
July 8th	., 193 5
(Month) (Day)	(Year)
er 29 19 15, to July 8th er alive on July 8th 19 3 red on the date stated above, at 5:30 Ame Mo- PAL CAUSE OF DEATH and related causes of Importance lows: e cardiac dilitation	5; death is seld
butery Causes of Importance: ic myocarditis	?
ration Date of	
nfirmed diagnosis?	autopsy?
as due to external ceuses (VIOL ENCE) fill in elso the followi	ng:

23. If death w Accident, suicide, or homicide?______ Date of Injury______ 19

Where did injury occur?

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was disease of	injury in any way	related to occupati	on of deceased?
	1 1	1. V \//n	

If so, specify Maryland (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

21. DATE

Ofto

I lest saw h.

to have occu

The PRINCE

were as follo

Other Contri

Chror

Name of ope

What test co

Manner of Injury

22.

If LESS than

1 day,hrs.

or min.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W. 8 122			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	Mog o sar	July 5 1927	Peritonitis	3 days ogo
	BUREAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year